

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.													
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TOTAL CLAIMS													
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**346,319**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		1	1		1	
4		1	1		1	
5		1	1		1	
6		1	1		1	
7		1	1		1	
8		1	1		1	
9		1	1		1	
10		2	1		1	
11			1		1	
12				1	1	
13				2	1	
14				2	1	
15				2	1	
16				1		1
17				2		2
18				2		2
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TOTAL IND.	1		1		1	
TOTAL DEP.		9		13		6
TOTAL CLAIMS	10		14		7	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						